

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO 10619479 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO.	BHD		NO.	BHD		NO.	BHD	
	IND	DEF	IND	DEF	IND	DEF		IND	DEF		IND	DEF		IND	DEF
1	/						51			51			51		
2	/						52			52			52		
3	/						53			53			53		
4	/						54			54			54		
5	/						55			55			55		
6	/						56			56			56		
7	/						57			57			57		
8	/						58			58			58		
9	/						59			59			59		
10	/						60			60			60		
11	/						61			61			61		
12	/						62			62			62		
13	/						63			63			63		
14	/						64			64			64		
15	/						65			65			65		
16	/						66			66			66		
17	/						67			67			67		
18	/						68			68			68		
19	/						69			69			69		
20	/						70			70			70		
21	/	/	/				71			71			71		
22							72			72			72		
23							73			73			73		
24							74			74			74		
25							75			75			75		
26							76			76			76		
27							77			77			77		
28							78			78			78		
29							79			79			79		
30							80			80			80		
31							81			81			81		
32							82			82			82		
33							83			83			83		
34							84			84			84		
35							85			85			85		
36							86			86			86		
37							87			87			87		
38							88			88			88		
39							89			89			89		
40							90			90			90		
41							91			91			91		
42							92			92			92		
43							93			93			93		
44							94			94			94		
45							95			95			95		
46							96			96			96		
47							97			97			97		
48							98			98			98		
49							99			99			99		
50							100			100			100		
TOTAL IND.	8														
TOTAL DEF.	14														
TOTAL CLAIMS	22														

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE